								plication or Docket Number						
	PATENT	RD	10/009100											
		CLAIMS A	S FILED - (Column		· (Column 2)			SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS								RATE	F	EE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	50	90	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			\ minus 3 =					X42=			OR	X84=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+140=			OR	+280=		
* If	the difference	in column 1 is	less than ze	than zero, enter "0" in column 2				TOTAL	5.	<u>oi</u>	OR	TOTAL		
(Column 1) (Column 2) (Column 3)								SMALL			OR	OTHER SMALL		
		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	AC TID	DI- NAL		RATE	ADDI TIONAL FEB	
AMENDMENT A	Total	. 20	Minus	-21	)	=		X\$ 9=		•	OR	X\$18=		
	Independent		Minus	***	5	=		X42=	П		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	П		OR	+280=		
		ſ					L	TOTAL	H		, ,	TOTAL		
1	1.28,04	(Column 1)		(Colun	nn 2)	(Column 3)	A	DDIT. FEE			,,	ADDIT. FEE		
AMENDMENT B	·····································	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	AD TIO	NAL		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	** 2	0_	= /		X\$ 9=	$  \  $		OR	X\$18=		
	Independent	* /	Minus	SAN S	<u> </u>			X42=	T		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	T		OR	+280=		
							L	TOTAL DDIT. FEE			OR ,	TOTAL ADDIT, FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	_							
AMENDMENT C	2 ( )	CLAIMS REMAINING AFTER AMENDMENT	20112	HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADI TION FE	NAL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		z		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=		X42=			OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			OR	+280=		
	f the entry in colu I the "Highest Nu	. L	TOTAL		$\dashv$		TOTAL							
***	If the "Highest Nu	mber Previously Pa nber Previously Pai	id For IN THI	S SPACE is	less tha	n 3, enter "3."	A	DDIT. FEE <b>L</b> Id in the app	ropria	le box	~	NDDIT. FEE ( Jmn 1.		
	<del>.</del>	-				•								

State carriers are are seen.

FORM PTO-875 (Rev 8:01)

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